Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90075 038 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # pagagagagaga

i. Corporation	UCTION SERVICES, INC.	J21069				
Principal Place	e of Business	Mailing Address		4 IMERITANDE 15 M. INTIN ANDIEL ANDIE	1845) ARTIO 1480) 15811 08183 11	iis (81) (68)
300 TUBB STREET OAKLAND FL 34760 OAKLAND FL 34760				DO NOT WRITE IN THIS SPACE		
				 Date Incorporated or Qualified 03/05/1998 		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21		26 POBM 136	•	418-26-7449	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75-A	
City & State	9	City & State 28 Oukland	**************************************	Election Campaign Financing Trust Fund Contribution	⇒ \$5.00 N Added to	
Zip	Country 25	Zip 34760	Country 0 Orange	This corporation owes the current Personal Property Tax.		□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 83				dgar L. Rhodes ddress (P.O. Box Number is Not Acceptable 0 Tubb Street akland	85 Zip C	760
		and 607.1508, Florida Statutes f Florida. Such change was autt ons of, Section 607.0505, Florid	, the above-named co horized by the corpora la Statutes.	orporation submits this statement for the pustion's board of directors. I hereby accept the	rpose of changing its reappointment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature requ	an ou 411011 1011011119)		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	T-1177	
TITLE	PD	☐ DELETE	1.1 TITLE		Change	Addition)
NAME	RHODES, EDGAR L		1.2 NAME			
STREET ADDRESS	300 TUBB STREET	•	1.3 STREET ADDRESS			
CITY-ST-ZIP	OAKLAND FL 34760		1.4 CITY-ST-ZIP	•		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	JANNEY, PAUL		2.2 NAME			ļ
STREET ADDRESS	564 GARDEN HEIGHTS DRIVE		2.3 STREET ADDRESS	· · · · · · · ·		
CITY-ST-ZIP	WINTER GARDEN FL 34787		2.4 CITY-ST-ZIP			
TITLE	WINTER CAMBERTE STO	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			1
			3.4. CITY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	-	☐ Change	Addition
NAME			4. 2 NAME		_ •	
			4.3 STREET ADDRESS			
STREET ADDRESS						ļ
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		☐ Change	☐ Addition

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filips does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes from an attachment with an address, with all other like empowered.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ DELETE

☐ Addition

Change